

#### **Children's Dental Services**

#### **Preventive Services**

	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations
Cleanings	Χ			2 x year	
Fluoride treatments (including fluoride varnishes)	Х			2 x year	
Sealants (list any tooth-specific limits)				1 x lifetime	
Space maintainers	Х				2 units per 12 months, 4 units per lifetime

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### **Diagnostic Services**

	Is the service Covered?					
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Recommended age of first visit?
Dental examinations						
	Х			2 x year		6 months
X-Rays						
Bitewing				2 x year		
Full Mouth				1 x every 3 years		
Panoramic						

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#### **Treatment Services**

	Is the service Cover		red?			
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Fillings		-				
Silver amalgam	Х				One unit per 36 months per tooth	
Tooth colored composite	Х				One unit per 36 months per tooth	
Crowns/tooth caps						
Stainless steel crowns	Х				Once per lifetime	
Metal (only) crowns	Х				Once per lifetime	
Metal/porcelain crowns	Х				Once per lifetime	
Porcelain (only) crowns	Х				Once per lifetime	
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)					One unit per 36 months	
Root canals on permanent teeth	Х					
Gum (periodontal) therapy						
	X				Four unitys per 60 months	

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	Is th	Is the service Covere		•		
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Dentures	-					
Partial dentures	X					
Complete dentures	X					
Bridges	Х				Once per five years	
Orthodontics*					•	
Retainers (orthodontic)	X				2 per lifetime	
Braces		х				Must meet medical necessity as determined by a dentist
Oral surgery						
Simple extractions	X					
Surgical extractions	Х					
Care of abscesses	Х				Limited to medical necessity	
Cleft palate treatment	Х				Covered under physician services	
Cancer treatment	Х				Limited to medical necessity	

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	ls th	e service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Treatment of fractures	Х				Once per lifetime	
Biopsies	Х				Limited to medical necessity	
Treatment of jaw joint problems (TMJ)						
	х					Service may be provided by a medical doctoe or dentist, Limited to medical necessity

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	Is th	e service Cove	red?		List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No	Frequency		
Emergency room services provided by a	dentist					
	X					Emergency care involves those services necessary to control bleeding, relieve significant pain and/or eliminate acute infection, and those procedures required to prevent pulpal death and/or the imminent loss of teeth
Inpatient Hospital Services						
		Х			Prior authorization is required unless it is a medical emergency	
Anesthesia						
General anesthesia						

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	Is the service Covered?					
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Intravenous conscious sedation						
Non-intravenous conscious sedation						
Analgesia (nitrous oxide)						

<sup>\*</sup> When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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